

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000053310**1. Entity Name
G & G MOTEL ASSOCIATES, INC.**Principal Place of Business**GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DR., WEST
ST. PETERSBURG
33702

FL

Mailing AddressGLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DR., WEST
ST. PETERSBURG
33702

FL

2. Principal Place of Business

KRESS BUILDING, SUITE M-8

3. Mailing Address

C/O ERNEST L. MASCARA, P.A.

Suite, Apt. #, etc.

475 CENTRAL AVENUE

Suite, Apt. #, etc.

475 CENTRAL AVENUE, SUITE M-8

City & State

ST. PETERSBURG

FL

City & State

ST. PETERSBURG

FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number

59-3324958

Applied For☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DR., WEST
ST. PETERSBURG
33702

FL

US

7. Name and Address of New Registered Agent**Name**

MASCARA ERNEST L

Street Address (P.O. Box Number is Not Acceptable)

KRESS BUILDING, SUITE M-8

475 CENTRAL AVENUE

City

ST. PETERSBURG

FL

Zip Code
33701

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **ERNEST L. MASCARA****03/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
DPT
LEWISON GARY L ☐ Delete
STREET ADDRESS
1336 PRESERVATION HWY
CITY-ST-ZIP
OLDSMAR FLTITLE
NAME
DPT
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
DPT
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
DPT
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
DPT
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
DPT
☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
DPT
LEWISON GARY L ☒ Change ☐ Addition
STREET ADDRESS
1336 PRESERVATION HWY
CITY-ST-ZIP
OLDSMAR FL 34677TITLE
NAME
DPT
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
DPT
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
DPT
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
DPT
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
DPT
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. LEWISON

P

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)